MASSACHUSETTS BAY TRANSPORTATION AUTHORITY
CAPITAL DELIVERY/CONTRACT ADMINISTRATION
10 PARK PLAZA, SUITE 5170
BOSTON, MASSACHUSETTS 02116
EMAIL: Prequal@mbta.com
PHONE: TEL: (617) 222-3133

WAIVER REQUEST FORM

ONE FORM PER PROJECT ONLY

Date: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Contract # & Title: _____

Class Waiver Requested: _____

Class Waiver Requested: _____

Class Waiver Requested: _____

Class Waiver Requested: _____

Following items must be attached with the request form

- ☐ Work History & Experience in Requested Class
- ☐ Additional support documentation (i.e., MassDOT Prequalification, Project Status Sheet, DCAMM Certificate)
- ☐ Current Prequalification Certificate
- ☐ Completed Request for Proposal Form

Please EMAIL information with this form to: Prequal@mbta.com

FOR OFFICIAL USE ONLY

Approved ☐ Denied ☐

Comments _____